

APP 34 and 1-22

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/591004

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
8		/		/		
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12		/		/		
13		/		/		
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17	/	/	/			
18	/			/		
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23		/		/		
24		/		/		
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36		/		/		
37		/	/			
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41		/	/			
42		/		/		
43		/		/		
44		/		/		
45		/		/		
46		/		/		
47		/		/		
48		/		/		
49		/		/		
50		/		/		
TOTAL IND.	3	↓	9	↓		↓
TOTAL DEP.	19	←	68	←		←
TOTAL CLAIMS	22		77			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
55				/		
56				/		
57				/		
58				/		
59			/	/		
60			/	/		
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62			/	/		
63			/	/		
64				/		
65				/		
66			/	/		
67				/		
68				/		
69				/		
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89				/		
90				/		
91				/		
92				/		
93				/		
94				/		
95				/		
96				/		
97				/		
98				/		
99				/		
100				/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						